ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
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O.I.P.E. CLASSIFIER		100 10	4-21-00	
FORMALITY REVIEW	4000	43051	6200	
RESPONSE FORMALI	TY REVIEW			

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INDEX OF CLAIMS

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If more than 150 claims or 10 actions staple additional sheet here

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